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Bib Data Sheet

CONFIRMATION NO. 2703

|                             |                                   |              |                        |  |
|-----------------------------|-----------------------------------|--------------|------------------------|--|
| SERIAL NUMBER<br>09/904,257 | FILING DATE<br>07/12/2001<br>RULE | CLASS<br>422 | GROUP ART UNIT<br>1743 | ATTORNEY<br>DOCKET NO.<br>01801-P0021B |
|-----------------------------|-----------------------------------|--------------|------------------------|--|

## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

THIS APPLICATION IS A CIP OF 09/515,000 02/29/2000 *Ref 4*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 08/02/2001

|                                 |   |                  |                |              |      |
|---------------------------------|---|------------------|----------------|--------------|------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no  | STATE OR COUNTRY | SHEETS DRAWING | TOTAL CLAIMS | INDE |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | CT               | 10             | 21           | C    |
| Verified and Acknowledged       | Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>                                    |                  |                |              |      |

## ADDRESS

24126

## TITLE

Method and apparatus for handling diverse body fluids

|                            |   |  |
|----------------------------|---|--|
| FILING FEE RECEIVED<br>404 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing fees )<br><input type="checkbox"/> 1.17 Fees ( Processing fees )<br><input type="checkbox"/> 1.18 Fees ( Issues fees )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit _____ |
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